INFORMATION SYSTEMS ADVISORY COMMITTEE

Biannual Meeting at the Santa Fe Indian Hospital
Santa Fe, New Mexico

September 14-15, 2005

Committee Members Participating
Darren Buchanan, IHS, Environmental Health
Deanna Bauman, National Indian Health Board
Wesley Cox, Chickasaw Health Systems, Oklahoma
Mike Danielson, IHS, Billings Area
Richard Hall, Tribal, Alaska Area
Carolyn Johnson, IHS, Warm Springs, OR
Don Kashevaroff, Tribal, TSGAC
Keith Longie, IHS, Chief Information Officer
Clark Marquart, IHS, Chief Medical Officer
Reece Sherrill, Tribal, Choctaw Nation, OK
Ron Wood, IHS, NCEO
Chuck Walt, Tribal, FonDuLac, MN

Committee Members Absent
Floyd Dennis, IHS, Nashville Area
IHS Clinical Councils Rep./vacant
NCUIH Representative/vacant

Additional Participants
Sam Berry, IHS, Office of Information Technology (OIT)
Clayton Curtis, IHS/Veterans Health Administration Liaison
Theresa Cullen, IHS, OIT
Bernie Dailleboust, IHS, OIT
Jim Garvie, IHS, OIT
Howard Hays, IHS, Phoenix Area, Electronic Health Record Program
Jim Lyon, Santa Fe Indian Hospital
Rob McKinney, IHS, Office of Information Technology
Lori Moore, Santa Fe Indian Hospital
Leslie Racine, IHS, Billings Area, Statistical Officer Representative
Christy Tayrien, IHS, OIT
Floyd Thompson, Gallup Indian Medical Center

Welcome and Introductions
The meeting began at 8:15AM at the Santa Fe Indian Hospital in Santa Fe, New Mexico. A quorum was present. Keith Longie, Indian Health Service (IHS) Chief Information Officer (CIO), began the meeting by introducing the Santa Fe Indian Hospital's Chief Executive Officer, Commander Jim Lyon, who welcomed the Committee to the hospital. The Co-Chairs asked the attendees to introduce themselves and also welcomed everyone to the meeting.

Agenda Items
Agenda items approved for action/discussion are listed below. All presentations and handouts can be found at the following website: http://www.ihs.gov/cio/isac/presentations.cfm.

- ISAC Overview: Past, Present, and Future
- Review ISAC Positions, Nominations, and Approve Membership
- Annual Election of Co-Chairs
- Santa Fe Indian Hospital Tour
- National Telehealth Program Update
- Develop and Finalize ISAC Strategic Plan
- VA and IHS Inter-Agency Collaborations
- IHS Chief Information Officer Report
- Electronic Health Record Update
- Santa Fe Indian Hospital EHR Roll-out
- Setting Annual ISAC IT Priorities
- Clinical Reporting System, GPRA, Federal and Tribal PART
- IHS Security Initiatives and HIPAA Compliance Update
- Tribal Shares Methodology Report
- Clinicians' Public Health Activities Database (CPHAD) Project
- ISAC Charter Review and Discussion
- Unfinished Business

ISAC Overview: Past, Present, and Future
Mike Danielson, ISAC Co-Chair
See Presentation Slides

Mike Danielson presented historical information on the ISAC formation, charge, and accomplishments to date. Christy Tayrien discussed the membership of the committee and pointed out the Director's effort to have representation from several key constituencies including the IHS chief medical officers' council, clinical councils, executive officers, and Tribal Self-Governance Advisory Committee, as well as the National Council of Urban Indian Health, and the National Indian Health Board. She talked about how the committee's work has changed during the past 5-6 years due to the proliferation of Office of Management and Budget and Departmental requirements including capital planning and investment control and enterprise/consolidation initiatives. Rich Hall added these things are very important in setting the direction for IHS information technology. Keith Longie said in the beginning, data systems were the focus of ISAC. When examined, the data systems at that time did not meet our requirements (such as user population). The ISAC found the agency did not have a good understanding of what our customers wanted. We have made tremendous strides since the early days. He stressed the importance of the ISAC is the constituency we have. Persons worked hard to get a seat on the ISAC to have their needs heard and met. Objectives set by the ISAC have been met and even exceeded. The Committee has reached a level of maturity and the question is, where do we go from here? Keith said the ISAC needs to look at moving toward a governance role versus an advisory one. He will be talking about the formation of the IHS Information Technology Investment Review Board and their focus being on money for investments, whether to take on new projects, and how the ISAC priorities tie into these investments that are chosen to be funded. Keith pointed out the ISAC has done a super job up to this point, but there is a lot more that needs to be done. It is very important that we have an ISAC and Keith looks forward to working with the group in the future.

Don Kashevaroff talked about Tribes looking for new IT products from the IHS and the need for these products to be reflective of what the ISAC has set in its priorities. There is a need for the IHS IT shop to be responsive to Tribal needs, not just IHS' needs.

Review ISAC Positions, Nominations, and Approve Membership
Reece Sherrill and Mike Danielson, ISAC Co-Chairs

The Co-Chairs distributed the nominations they received for ISAC membership and the Committee members reviewed them. The ISAC asked Christy Tayrien, OIT, to prepare letters to the vacant permanent member constituencies soliciting their new representatives. The group discussed the ratio of IHS to Tribal term appointment members. It is a 51-49 ratio, Tribes and IHS respectively. The group had 2 Tribal and 4 IHS term-appointment vacancies. After much discussion, the following persons were nominated, seconded, and approved for membership. The ISAC recommended the following persons for ISAC appointment to Dr. Charles Grim, IHS Director, who has final approval:

Nominee	Motion	Second
Dr. Lois Nyska (Tribal)	Don Kashevaroff	Keith Longie
Bill Lance (Tribal)	Don Kashevaroff	Keith Longie
Pat Cox (IHS)	Don Kashevaroff	Wesley Cox
Madonna Long (IHS)	Keith Longie	Deanna Bauman
Floyd Thompson (IHS)	Rich Hall	Chuck Walt
Kathryn Lewis (IHS)	Reece Sherrill	Wesley Cox

The ISAC also selected alternates in the event there is a vacancy prior to 2006 membership renewals. The following persons were nominated, seconded, and approved for ISAC membership recommendations to the IHS Director in the event a vacancy occurs in current and pending memberships:

Nominee	Motion	Second
Rodney Sumner (Tribal)	Chuck Walt	Deanna Bauman
David Battese (IHS)	Chuck Walt	Carolyn Johnson
Gail Townsend (IHS)	Rich Hall	Wesley Cox

Annual Election of Co-Chairs
Reece Sherrill and Mike Danielson, ISAC Co-Chairs

The Co-Chairs began by reminding members the co-chair term of office is for two year staggered terms. The ISAC has one IHS and one Tribal Co-Chair. Reece Sherrill is the current Tribal Co-Chair and has one more year in office. The IHS Co-Chair was due to be elected. They asked for nominations and Don Kashevaroff made a motion for Pat Cox to be the IHS Co-Chair; this was seconded by Rich Hall and the ISAC approved the nomination.

Santa Fe Indian Hospital Tour
Commander Jim Lyon, Santa Fe Indian Hospital CEO, Lori Moore, Pharmacist/Clinical
Applications Coordinator, and Dr. Brent Smoker, Clinical Director

The ISAC toured the hospital and were briefed on services provided at the facility by the CEO,
Clinical Director, and Clinical Applications Coordinator. The tour focused in particular on the
upcoming roll-out of the IHS Electronic Health Record (EHR) at the hospital and how they have
made provisions to implement the EHR physically and by reorganizing the flow of operations.

National Telehealth Program Update
Dr. Mark Carroll, IHS National Telehealth Program Director
See Presentation Slides

Dr. Carroll gave the group a demonstration of the IHS telehealth website and showed the intro to
TeleHot Topics. He said the website approach is video-cast and has short clips of videos viewers
can use to educate themselves on IHS telehealth initiatives. He emphasized the site is Section
508 compliant. Rich Hall asked about the use of Flash on the website. Dr. Carroll said they are
working on it and it remains to be seen. The website is located on the IHS Internet.

The ISAC had a short discussion on home telehealth. Don and Rich said currently the IHS does
not support this in their compact (Alaska) because IHS does not currently provide the service.
They will be happy to see this function come into IHS, which would make it available to them.

Dr. Carroll went over e-Intensive Care Units (ICU) and said the IHS does not have many ICUs.
This project is focused in the southwest region of the U.S. right now. The Phoenix Indian
Medical Center would like to be a site for e-ICU. Don asked about sizes of ICUs, funding, and
what would qualify a site for the program. Dr. Carroll is looking for the most cost-savings in
locations.

He then went on to talk about the Native American Cardiology Program and their work with the
Health Buddy System, a home Telehealth program just starting with a handful of patients in the
southwest.

Dr. Carroll discussed the IHS-EHR and its Telehealth components and gave a VistA Imaging
update. Deanna Bauman asked if the EHR Telehealth initiatives are tied into billing. Jim Garvie
said they are tied into the IHS Resource and Patient Management System (RPMS) and will be
billable. Dr. Carroll said, however, business models have not been fully researched.   The IHS is
using the VHA's standards for HL7 interfaces and these will be provided to vendors who assist
in development of EHR. Reece Sherrill talked about identifying hardware requirements for
facilities. He gave the example of Tribes in Oklahoma building new facilities right now and how
it would aid them in planning for these requirements prior to building instead of trying to retrofit.
Dr. Carroll said some Areas/sites have stepped forward and been leaders in advocating and
implementing these projects. Keith Longie pointed out there are considerable start-up costs, but
on the other hand there are also considerable savings as a result of using these Telehealth
initiatives. He said there is buy-in by leadership in some but not all Areas. Deanna questioned
credentialing and licensure and gave the example of her Tribal site sending Telehealth items

inter-state. This is not something they can bill for currently because of state licensure limitations. Reece added JCAHO accreditation is an issue for his site. They have sent readings to non-JCAHO accredited companies for laboratory services and JCAHO has told them this cannot be done. Christy Tayrien asked about the future expansion of the National Telehealth Program and staff. Dr. Carroll said he has Tom Taylor and Wesley Old Coyote working with him now and will be getting 2 VistA contractors. Clayton Curtis said the VHA will be limited on what they can do for IHS on VistA implementation and asked that IHS advocate for more resources to implement VistA within. He estimates the IHS will need a dozen or so staff to train local staff such as site managers prior to implementing VistA. Mike Danielson said he thought the ISAC should make some recommendations in support of Telehealth. Keith Longie said it is important that we do not view Telehealth as an information technology initiative; rather, it is cross-cutting and a program in itself. The ISAC can advocate for Telehealth but it is on the program side of the house. He thinks Dr. Grim will be receptive. Chuck Walt discussed where Telehealth stands outside of IHS and the VA and whether the ISAC should move it up on the list of information technology priorities or keep focusing on our EHR priorities. Rich Hall said it's not matured enough yet. Dr. Carroll further stated that the top 5 models he showed are categorized as mature on concept, but not on implementation.

Dr. Carroll asked the ISAC to consider supporting the home Telehealth and collaborations with other agencies when making recommendations to the Director, IHS.

Develop and Finalize ISAC Strategic Plan
Dr. Theresa Cullen, IHS/OIT
See Presentation Slides

Mike Danielson started the session off by recommending the ISAC form a workgroup to assist in the development of the annual strategic plan. Mike introduced Dr. Theresa Cullen who has been instrumental in developing the overall IHS strategic and performance plans for several years. Dr. Cullen gave some background on activities the OIT staff in Tucson are working on to put the IT plan together and keep it aligned with the Office of Management and Budget, HHS, and IT planning metrics. Dr. Cullen said she has developed an aggressive timeline to have the IHS IT strategic plan written by December. Clark Marquart asked for clarification of what is needed -- a plan, priorities, an ISAC IT Strategic plan, an IHS IT strategic plan? Christy referenced the IHS Information Technology Strategic Plan and how the ISAC's information technology priorities are used in developing the plan for the agency. She said the Department has an overarching 5-year IT strategic plan and agencies under HHS are required to have individual plans. There are additional requirements that IHS needs to address in our plan as we update it including the new HHS 10 X 10 management objectives, the Federal Health Architecture, the President's Management Agenda, capital planning and investment control issues, etc.

The ISAC established the IT Strategic Planning workgroup and members are: Dr. Cullen, Christy Tayrien, Clark Marquart, Ron Wood, Floyd Thompson, Rich Hall, Reece Sherrill and Chuck Walt by e-mail only. Keith Longie will appoint other OIT staff as needed. The draft plan will be distributed to the ISAC.

VA and IHS Collaborations
Dr. Clayton Curtis, VHA/IHS liaison
See Presentation Slides

Clayton began the presentation by saying the IHS is considered a strategic partner of the VA and asked IHS to continue to make sure we have active partners available to them. Don Kashevaroff discussed the feasibility of using Office VistA at the Alaska Area community health centers and asked whether it is capable of generating a uniform data set. Dr. Cullen said it was not capable of generating the uniform data set at this time. The discussion turned toward how wide the use of Office VistA is. Clayton directed the group toward the VA's VistA website located at http://hardhats.org for more information.

September 15, 2005

IHS Chief Information Officer Report
Keith Longie, IHS CIO
See Presentation Slides

Keith Longie reviewed discussion items he would be going over with the group. On the EHR, he said he left that to Howard Hays, IHS EHR Program Director to present in detail but mentioned that we now have 26 IHS and Tribal sites running the EHR in 2005. Items follow:

Keith talked about the Patient Accounts Management System (PAMS)being funded half through the IHS and half through the CCG Tribal Consortium, it's a partnership. Tribes wanted to ensure this software meets their needs. There have however, been delays in development (60-90 day lag time). He said we are still hopeful that we will have a product come out of the partnership. The primary development site is in Ada, Oklahoma at Chickasaw Nation Health Systems and he added they are a very capable organization. Reece discussed frustration the Consortium is having with the development lags. They have been expecting a product sooner that it is actually being completed. Keith said since May, there have been contracting issues delaying getting things moving. In the end, he still thinks we will have a good product as the final outcome.

Keith discussed the Business Process Improvement Center (BPIC) Carl Harper, Director, IHS Office of Resource Access and Partnerships, plans to implement.   Sandra Lahi from OIT will be transitioning over to Carl's group to work on this initiative. They will help IHS/Tribal sites to examine their processes and determine what best meets their needs in contrast to the models set by the BPIC. He discussed sites having to work with their errors in billing to make this work. Just loading the software will not fix all their billing problems. Don asked for the total cost, Keith said $1.1 million. Don asked if it will be available to everyone; Keith said yes. There will be hardware required and Reece said it will change facilities' entire business processes, including patient registration. Start-up requirements are listed on the PAMS website located at: http://www.ihs.gov/NonMedicalPrograms/BusinessOffice/index.cfm

On security, Keith talked about the security audit reviews. The IHS has had one significant break-in on our network that IHS addressed this year. We are working on ensuring secure connections. The IHS is trying to figure out how to work with Tribal sites that refuse to

implement all of our security measures. We would like to see what we can do to prevent these sites from allowing a virus outbreak on the IHS network. The IHS is putting the Network Operations Support Center (NOSC) in place this year. Physical Security is taking on a much bigger role. Servers and computers can hold much larger amounts of information on very small pieces of equipment. Rob McKinney is our Chief Information Security Officer (CISO) and is doing an admirable job on addressing security for IHS. The IHS can handle implementing security measures for IHS employees, but Tribes need to have something added to their contracts/compacts to ensure security measures are in place. This is not something that is easily occurring. We need a means of being able to "close the door" on the network when incidents happen. Don discussed Tribal requirements for the Health Insurance Portability and Accountability Act (HIPAA) and IHS additional requirements of the Federal Information Security Management Act (FISMA). Keith says there needs to be more work on addressing how we can best do this.

Keith then turned the discussion toward E-gov and HHS. He briefly discussed the President's Management Agenda (PMA), the 25 e-gov initiatives and HHS ownership of specific ones, the PMA Scorecard, earned value management, enterprise architecture, capital planning and investment control, and the Information Technology Investment Review Board.

He discussed external IT Drivers. The HSPD 12 requires use of "Smart Card." There are many challenges this requirement brings with it, and new security measures that we have not previously had to face including planning for the PKI, interface with the enterprise directory, etc. He talked about employee badges and the information that they will be capable of holding, down to the level of rooms you can access, information you may access, etc. Reece discussed whether IHS will require the patients to have a similar card. Ron asked about the cost because Navajo was told they are looking at approximately $12,000 per machine and they require 6 machines. Jim said we are looking at a ballpark figure of $12 million that HHS provided us to implement this program. Deanna asked how this will benefit patient care. Rich says that these presidential directives don't necessarily benefit patient care, but we have to do them anyway, it's mandated, not a choice. Keith agreed saying it is another unfunded mandate.

Keith talked about consolidation of systems for core services through the United Financial Management System (UFMS). The IHS will be the last site to implement the system in HHS. We have had to put increasing dollars the past 3 years into this enterprise system with this year spending approximately $10 million of recurring funds on it. This will replace every one of our administrative systems we now have in place including the Administrative Resource Management System, more commonly known as "ARMS."

On HHS enterprise E-mail, Keith said the IHS has issues with remote sites and the speed of the e-mail. We are doing benchmarking of the new system HHS will be implementing. The IHS needs to make sure it is 1-secure, and 2-fast enough to meet our needs.

Deanna asked why tribes have to participate in these enterprise efforts and talked about the government's responsibility to provide health services to Indian people as a part of their trust responsibility. Tribes shouldn't have to comply with GPRA, PART, and these other requirements because of that trust responsibility.

Keith said the commodity PC contract just got put in place last Friday (September 11). However, there is a protest HHS has to deal with prior to actually beginning to purchase off of the new contract. Reece asked about tribes accessing the contract. Keith told him to contact Kevin Rogers, Oklahoma Area Office. He added tribes will need to go through their Area contracting officers to purchase from the PC contract. Reece gave the example that his tribe is getting ready to purchase 300 computers next month and using this contract would be beneficial to them.

Keith updated the group on the OIT reorganization and briefly touched on project management principles and new OIT divisions and their roles. The Division of Enterprise Project Management is headed by Bernie Dailleboust, Division Director, who will be managing our projects and ensuring they go through appropriate things like investment reviews. We are looking at being able to provide detailed information on any project we are managing. The Division of Information Security is headed by Rob McKinney, CISO, and Keith provided additional staff for this branch when elevated to a division. Keith has selected the Director for the Division of Technology and will be announcing the incumbent soon. He is in the process of filling the Director position for the Division of Information Resource Management, who will be located in Rockville. The Deputy CIO had previously been filled by Wes Old Coyote but due to family reasons, he was not able to stay in this role and has since moved to Billings. The position is being advertised and Keith asked the ISAC to solicit any and all applicants out there to apply for this job.

He brought up the OIT IT Support Contract. The IHS is looking at putting multiple contracts in place versus the one major contract we now have. We are looking for experts in specific functional areas such as network support, etc. Performance Work Statements (PWS) are under development. There are presently eight PWS. Keith pointed out we may end up with eight separate contracts or a combination of multiple ones. The target is March/April to get these out and awarded.

Electronic Health Record Update
Dr. Howard Hays, IHS EHR Program Director
See Presentation Slides

Dr. Hays began by saying he wasn't sure what type of info ISAC wants, so he would try to cover what he thought the ISAC would be interested in seeing. After presenting the slide show, Clark asked about Tribal sites and whether we still are looking to have all interested Tribal sites up and running in 2008. Howard said yes, he doesn't differentiate between Federal and Tribal. It is not a factor that would put the site on the back burner. If Tribes want it they are getting it the same as IHS sites. Terry also added that the information IHS is reporting to OMB does include the EHR implementation to interested Tribal sites by 2008.

Dr. Hays discussed site preparation for EHR. A huge barrier to installing EHR is getting the sites up to the most current software versions. Keith said we have a proposal for automated software updating. This is on Howard's wish list for ISAC and OIT support.

On Diabetes funds for IT and EHR, the FY 2004 funds were sent to Areas. Two Areas retained the funds for IT infrastructure improvements. Eighteen sites were directly funded. Of those, 6 have not used the funds for EHR nor do they have any short term plans to do so. Three are on the verge of getting EHR rolled out. The rest have implemented EHR. FY 2005 funds have a more detailed funding formula based on FY 2004 experience. There are performance issues having to be addressed like sites not using the funds for what they were sent out there for, etc. If a site got money in the previous year, they are not eligible for the funds in the next year.

Rich asked about the automated patch update system and how it will work. Howard says it will be by subscription, it won't just be sent out there to everyone without their knowledge. He says this is a way to address the significant divergence in software versions out there at sites. It is not the only way, but it is a way. Rich says it also needs to be scheduled, not a totally automated update and gave the example of IT staff being out of town the week the automated update goes out. Keith brought up the issue that the site manager is one of the weak links in our process.

The group talked about the IT diabetes funds, problems getting the funds from program to program, and getting it redistributed to EHR sites.

Don asked about tying dollars in to the recommendation. Keith said that would be another issue, we could support it in principle now. Technical discussion will need to be made by ISCs. Mike recommended this item be deferred to the ISAC strategic planning workgroup.

Reece and Wes brought up issues with updating software that has been modified locally. Sites with local modifications are essentially stuck because if they upgrade, they lose their data. Keith said this is a real problem in IHS. Howard asked Clayton Curtis how the VA addresses local modifications. Clayton said with the implementation of GUI, local modification has significantly decreased. The need is no longer there with the GUI in place. After much discussion on the VA and how they have tried to make allowances for local innovations, Clayton summarized it by saying they don't have a final answer to this.

Rich Hall said the issue in Alaska is by 2008 they won't likely use the IHS EHR as it does not meet their needs. VistA does, however, look like something they want to use. He asked if this option be available in 2008. Howard talked about the IHS-developed components that are still required in our IHS-EHR in addition to the VA applications. He has had this question when he was in Alaska. Clayton said it is very interesting that Alaska is looking at an integrated system when they have invested in other systems that are not integrated.

> *Action Item: Mike discussed Howard's request for ISAC support. The ISAC recommendation would be for ISCs and OIT to examine a process for automated patch management. Carolyn made a motion in support of the recommendation, Clark seconded, and the ISAC approved.*

Santa Fe Indian Hospital EHR Roll-out
Lori Moore, Pharmacist and Clinical Application Coordinator
See Presentation Slides

Lori started by saying she was just going to add on to the information the group got yesterday in the hospital tour. The Santa Fe Service Unit (SFSU) has one hospital and four health centers they are rolling the EHR out in. She reviewed their implementation plan and the eight phases they have laid out. Mike recommended they switch the 5th (NOTES) with the 6th (PURPOSE OF VISIT (POV) SERVICES TAB) phase. He said this has been the more effective way to introduce these portions of the EHR, based on experience and use. Mike asked about when the clinics will be rolled out. Lori said they will be doing the hospital first, the clinics afterward. Howard pointed out the OIT behavioral health package will hopefully be at a point where the data can be integrated and not an issue by the date the hospital has set next spring for their behavioral health rollout. Mike, Carolyn, Howard, and others also said the order is easier to implement if it is done prior to the notes rollout. Clayton also recommended hosting a typing class for staff that may need it. Lori discussed the plan in summary and said the primary goal is to continue providing high quality care to the SFSU patients. The EHR implementation will be a slow process taking one year to completely implement. The eight phases are a minimum of six weeks long per phase. They want to minimize starting all providers at once due increased patient visits during the winter months. The majority of providers will begin training in the spring of 2006.

Setting Annual ISAC IT Priorities
Reece Sherrill and Mike Danielson, ISAC Co-Chairs

The following lists the annual ISAC IT Priorities approved by the Committee at this meeting:

1.   EHR

    Institute a Graphical User Interface (GUI) for the Resource and Patient Management System (RPMS). Also institute a state-of-the-art Computerized Patient Record (CPR) with the ability to manage clinical alerts/pathways and that contains data integrated from the various facilities a patient has visited.   This includes VistA Imaging.

2.   BILLING (REVENUE GENERATION, COST AVOIDANCE)

    Provide a quality billing/general ledger system that is integrated into the Indian Health Service's (IHS) Health Information System.

3.   DATA QUALITY/ACCURACY

    Ensure quality public health and administrative data for all I/T/Us. This includes the Master Person Index.

4.   TELEMEDICINE COORDINATION

    This would provide a clearing house and coordination point for quickly evolving telemedicine experience in the IHS. In addition, it would determine central points of repository for digital files.

5.   DECISION SUPPORT SYSTEM

Provide universally accessible decision support information that positively impacts the management and delivery of health care. This includes the Executive Information System Support (EISS) software application.

6.   INFRASTRUCTURE/ARCHITECTURE

Facilitate the improvement and growth of I/T/U information processing platforms and their interconnectivity, using standardized systems and processes.

7.   TRAINING (USER AND TECH)

Provide effective information technology and data management training at all levels.

8.   SECURITY

Design and provide methods and standards to assure the privacy of all patient related data that will meet or exceed HIPAA and other government security requirements.

9.   COST ACCOUNTING

Provide a quality cost accounting system that is integrated into the IHS Health Information System.

10.   ADMINISTRATIVE SYSTEMS

Implement/support administrative systems including asset management, personnel, UFMS, and IFAS.

GPRA and PART : Their Impact on AI/AN Health Status
Dr. Theresa Cullen, OIT/IHS
See Presentation Slides

Dr. Cullen gave a short presentation on the Government Performance and Results Act (GPRA) and the Performance Assessment Rating Tool (PART) and their impact on AI/AN health status. The following, in part, is taken from her slide show on the subject matter (she was not able to present the slides at the meeting) which is available on the ISAC presentations website:

PART --What it is:
- o   An OMB tool to assess program effectiveness
- o   Informs budget decisions, management actions, and legislative proposals
- o   OMB assesses, scores and approves recommendation
- o   20% of programs PARTed annually, 100% of programs by 2008

Overview of PART: Evaluates program effectiveness in four areas: Purpose/Design, Strategic Planning, Program Management, and Program Results
➔ Results are weighted at 50% of total score
- o   Results based on annual and long-term performance goals with emphasis on outcomes – *they need to be "ambitious"*
- o   Long and short term goals are assessed in both the Strategic Planning and Results sections

IHS PART Reviews FY 05

    RPMS/Information Technology - 88% Total
- o Purpose – 80%
- o Strategic Planning – 81%
- o Management – 100%
- o Results – 89%

    Urban Indian Health Program – 69% Total
- o Purpose – 40%
- o Strategic Planning – 75%
- o Management – 100%
- o Results – 67%

Emerging Trends for PART
- o Congressional pressure for OMB to revise PART including better linkages to GPRA and comparisons with programs addressing the same or similar outcomes
- o Conclusion: federal accountability requirements which focus on outcomes are not likely to go away

PART for FY 06 Budget

Dr. Cullen was not able to disclose information on the PART scores for the FY 06 Budget as the OMB and HHS have not released this information to the public yet. She said from an ISAC perspective, we have been able to use the RPMS information to demonstrate performance. The HHS has appealed all 5 of the items IHS asked for appeals on in FY 06 to OMB and higher. The HHS did not change our language in our appeals which is significant. We have a new OMB examiner and changes in leadership that will affect our future scoring.

PART for FY 07 Budget
- o Tribal Programs evaluated
- o Evaluation/ results are based upon GPRA results that are culled from the Area
    - Long term measure(YPLL; diabetes control)
    - Short term measures (17 clinical GPRA)
    - Efficiency measure (avoidable diabetic hospitalizations)
    - Percentage of TOPH users reported in GPRA data set

The Essence of the Government Results and Performance Act (GPRA)
- o is a Federal law requiring a data-supported audit trail from appropriated dollars to activities and ultimately to customer benefits or outcomes consistent with an agency's mission
- o requires an annual performance plan, as well as an annual performance report

The Role of GPRA Today
- o The PART performance assessment is largely based on GPRA annual measures
- o The GPRA Annual Performance Report remains the most important set of annual measures

  o   Area Directors' performance contracts with the IHS Director are largely based on GPRA annual measures
  o   Service Unit Director/ CEO's performance assessment are increasingly based on GPRA annual measures

IHS Security Initiatives and HIPAA Compliance Update
Rob McKinney, IHS Chief Information Security Officer
See Presentation Slides

Rob discussed the Network Operations Support Center (NOSC) the IHS is implementing and asked the group to provide him with any information they could to develop service level agreements specific to Areas/sites. He needs these to design how the NOSC will respond. Mike Danielson asked how we will pay for the NOSC at the Area and facility levels. Keith said it will have to be discussed with the Information Systems Coordinators and Areas.

Rob asked the ISAC for support of the following:

o   Representation on the ISAC from the newly developed IHS IT Standards Committee.
o   The IHS NOSC.
o   HIPAA and FISMA compliance at the facility level starting with risk assessments and increased Area awareness.

Tribal Shares Methodology Report
Sam Berry, OIT/IHS

Sam Berry discussed OIT activities to update the IT Tribal Shares methodology. He discussed the current workload distribution methodology for the Headquarters IT Tribal shares, the 3 levels of services available to Tribes, and the ongoing meetings and consultations the OIT is hosting with Federal and Tribal organizations. In terms of workload distribution methodology, the OIT will be developing a business analysis of details on the costs to perform the services we provide. Area tribal shares will need to be analyzed as well. *Note: The presentation slides will not be published on the website as they are a working draft, not a final product.*

Clinicians' Public Health Activities Database (CPHAD) Project
Steven Poitra, Mary Brickell, and Dr. Clark Marquart, Portland Area Office
See Presentation Slides

Steven Poitra, Mary Brickell, and Dr. Clark Marquart, Portland Area Office, gave a presentation on a new project the Portland Area has developed and implemented, the Clinicians' Public Health Activity Data System (CPHAD). This is an initiative to document Clinicians' public health activity. For CPHAD purposes, this is what is meant by public health activity:
o   Assessing a community's health needs.
o   Investigating outbreaks of disease or health hazards in a community.
o   Analyzing a community's health problems or hazards.
o   Advocating for community health.
o   Establishing a community's health priorities.

o Developing plans and policies to address the community's health needs.
o Implementing programs that address the community's health needs.
o Managing the health resources available to the community.
o Evaluating the community's health programs.
o Educating the community.

Potential Consequences of CPHAD:
o Increased visibility and understanding of the public health workload of Indian health clinicians.
o An elevation of discussions of public health.
o A tool for recruiting professionals.
o Enhanced management of the mix of services.
o Improved accounting of the use of time and staff resources.
o Better basis for calculating costs of various public health emergencies when seeking special funding.
o FTE data pertinent to staffing package calculations (not now considered)
o Non "encounter-based" data adding to GPRA and other HP/DP efforts.
o Better basis to justify certain types of Congressional funding.

Discussion: Darren Buchanan recommended a place in the database for attachments. This cannot be done since it is in RPMS, but Clark said it could be entered in the comment box. Darren talked about dash-boarding the CPHAD as the IHS Office of Environmental Health and Engineering has cross-cutting issues that are related.

> **Action Item: The ISAC recommended the OIT/IHS support and eventually adapt the CPHAD. Darren made the motion and Rich Hall seconded, and the ISAC approved.** *(an ISAC Co-Chair will provide a letter of support)*

For more information on the CPHAD or to be placed on their mailing list, send your request to steven.poitra@ihs.gov or mary.brickell@ihs.gov.

ISAC Charter Review and Discussion
Reece Sherrill and Mike Danielson, ISAC Co-Chairs
See Draft Charter

The group had a working session to review the current ISAC charter and made several revisions. These edits can be seen on the draft charter located on the ISCAC Presentation website.

> **Action Item: The CIO and staff will submit the revised charter through Keith Longie, CIO, to Dr. Grim for processing and approval.**

Unfinished Business
Reece Sherrill and Mike Danielson, ISAC Co-Chairs

The ISAC will submit recommendation letters for appointment and other action items to Dr. Grim for consideration. The committee will send letters of appreciation to persons/organizations

that submitted recommendations to the ISAC and forward the recommendations to the CIO/OIT for review and action as needed.

The ISAC set their next bi-annual meeting in Las Vegas, Nevada on January 24-25, 2006.